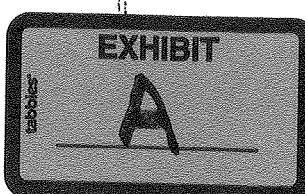


 <p>MARYLAND Workers' Compensation Commission ONLINE SERVICES</p>				
Home	Award Inquiry	Claim Inquiry	Hearing Issues	
Hearing Results	WCC Codes		Help	
Claimant Information				
Claim Number:	B557862			
Name:	HAROLD E MARTIN			
Phone:	not available			
Address:	not available			
City, State Zip, County:	not available,			
Sex:	M			
Birthday:	Tuesday, October 06, 1942			
Marital:	M			
Reg. Work:	SANITATION			
Gross:	not available			
Paid DOA:	Y			
Work:	SANITATION			
Filing Party Information				
Name:				
Address:				
City, County, Zip:				
Employer & Employer Attorney Information				
Employer	Address			
Sequence Number	Type	Sequence	Corp. Name / Trade Name / Dept. Agency / Street / City / State / ZIP	
1	01462793	C	1	GENERAL MOTORS CORP
Corporate Name:				
Trade Name:				
Dept. / Agency:	C/O SEDGWICK CMS			
Street:	P O BOX 808			
City / State / ZIP/ Phone:	HUNT VALLEY MD 21030-0000 410-539-5040			
Employer	Attorney	Attorney		
Sequence	Sequence	Code	Employer Attorney	
No Attorney Listed for Employer.				
Employer & Employer Insurer Information				
Employer	Address			
Sequence Number	Type	Sequence	Corp. Name / Trade Name / Dept. Agency / Street / City / State / ZIP	
1	01462793	C	1	GENERAL MOTORS CORP
Corporate Name:				
Trade Name:				
Dept. / Agency:	C/O SEDGWICK CMS			
Street:	P O BOX 808			



City / State / ZIP/ Phone:			HUNT VALLEY MD 21030-0000 410-539-5040
Employer Sequence	Insurer Sequence	Insurer Code	Employer's Insurer Name / Address / Phone Number
1	1	I1512	GENERAL MOTORS CORPORATION SEDGWICK CLAIMS MANAGEMENT SERVICES SANDRA YANCY P.O. BOX 808 HUNT VALLEY MD 21030-0000 410-773-4234
Employer Sequence	Insurer Sequence	Attorney Sequence	Attorney Code
1	1	1	A9161
Employer's Insurer's Attorney			
LAWRENCE GERARD GIAMBELLUCA 25 SOUTH CHARLES STREET SEMMES BOWEN SEMMES BALTIMORE MD 21201-0000 410-576-4892			
Accident Information			
Nature of Business:	SANITATION		
Location of Accident:	PAINT DEPARTMENT		
Foreman:	DENNIS SCOTT		
Notice of Injury:	Y		
Day Could Not Work:			
Accident Date:	Wednesday, July 31, 2002		
Occupational Disease:	N		
Description of Accident:	AS I WAS GOING DOWN STEEL STEPS I SLIPPED AND FELL CAUSING ME TO CATCH MY RIGHT LEG IN BETWEEN STEPS		
Description of Member Injured/Amputated:	RT LEG LT SHLDR		
Amputation:	N		
Medical Requested:	Y		
Medical Provided:	Y		
Date Returned to Work:	00/00/0000		
Claimant's Attorney Information			
Attorney Sequence	Attorney Code	Claimant Attorney	
1	A9199	Name / Address / City / State / Zip / Phone	
LINDA D. MOELLER 231 EAST BALTIMORE STREET SUITE 1400 BALTIMORE MD 21202-0000 410-783-1296			
Medical Information			
Physician Name:	CONCENTRA MEDICAL CE		
Address:	1419 KNECHT AVENUE		
City, State, ZIP:	BALTIMORE MD 21227		
Hospital Name:			
Address:			
City, State, ZIP:			
Other Claim Number:			
Team:	BTM		
Date Received:	Tuesday, September 03, 2002		
Date Mailed:	Friday, September 06, 2002		

Consideration Date:

Tuesday, September 24, 2002

Public Access
Public

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 MARYLAND Workers' Compensation Commission <small>ONLINE SERVICES</small>			
Home	Award Inquiry	Claim Inquiry	Hearing Issues
Hearing Results		WCC Codes	Help
Statistical Award Information			
Fiscal Year: 2003 Award Type: TT Award Sequence: 1			
Claim Number:	B557862	Fiscal Year:	2003
Claimant Name:	HAROLD E. MARTIN	Employer Code:	01462793
Insurance Code:	I1512	Class Code:	3808
Industry Code:	1	Cause Code:	9
Nature of Injury Code:	5	Mech. Injury Flag:	N
Infection Flag:	N	Illeg. Emp. Flag:	N
Award Type:	TT	Date of Award:	09/30/2002
Award Amount:	\$0.00	Comp. Code:	
No. Awd Weeks:	0	Award Amount/Week:	\$654.00
Attorney Fees:	\$0.00	Medical Fees:	\$0.00
TT Penalty %:	0	TT Penalty Amount:	\$0.00
Part. Adl. Dep:	0	Adult Depend:	0
Part. Cld. Dep:	0	Child Depend:	0
Stipulation:			
Parts of Body Award Information			
Award Sequence	Part of Body Code	Part of Body Description	Percent of Injury
1	33	LEG OR LEGS	0
1	22	SHOULDER	0
Statistical Award Information			
Fiscal Year: 2004 Award Type: PP Award Sequence: 2			
Claim Number:	B557862	Fiscal Year:	2004
Claimant Name:	HAROLD E. MARTIN	Employer Code:	01462793
Insurance Code:	I1512	Class Code:	3808
Industry Code:	1	Cause Code:	9
Nature of Injury Code:	5	Mech. Injury Flag:	N
Infection Flag:	N	Illeg. Emp. Flag:	N
Award Type:	PP	Date of Award:	02/17/2004
Award Amount:	\$24570.00	Comp. Code:	
No. Awd Weeks:	105	Award Amount/Week:	\$234.00
Attorney Fees:	\$4634.99	Medical Fees:	\$348.52
TT Penalty %:	0	TT Penalty Amount:	\$0.00
Part. Adl. Dep:	0	Adult Depend:	0
Part. Cld. Dep:	0	Child Depend:	0
Stipulation:	Y		
Parts of Body Award Information			
Award Sequence	Part of Body Code	Part of Body Description	Percent of Injury

Statistical Award Information

Fiscal Year: 2008 Award Type: PP Award Sequence: 3

Claim Number:	8557862	Fiscal Year:	2008
Claimant Name:	HAROLD E. MARTIN	Employer Code:	01462793
Insurance Code:	I1512	Class Code:	3808
Industry Code:	1	Cause Code:	9
Nature of Injury Code:	5	Mech. Injury Flag:	N
Infection Flag:	N	Illeg. Emp. Flag:	N
Award Type:	PP	Date of Award:	09/04/2007
Award Amount:	\$10530.00	Comp. Code:	
No. Awd Weeks:	45	Award Amount/Week:	\$234.00
Attorney Fees:	\$1579.50	Medical Fees:	\$200.00
TT Penalty %:	0	TT Penalty Amount:	\$0.00
Part. Adl. Dep:	0	Adult Depend:	0
Part. Cld. Dep:	0	Child Depend:	0
Stipulation:			

Parts of Body Award Information

Award Sequence	Part of Body Code	Part of Body Description	Percent of Injury
3	33	LEG OR LEGS	0.6

Statistical Award Information

Fiscal Year: 2008 Award Type: AF Award Sequence: 4

Claim Number:	8557862	Fiscal Year:	2008
Claimant Name:	HAROLD E. MARTIN	Employer Code:	01462793
Insurance Code:	I1512	Class Code:	3808
Industry Code:	1	Cause Code:	9
Nature of Injury Code:	5	Mech. Injury Flag:	N
Infection Flag:	N	Illeg. Emp. Flag:	N
Award Type:	AF	Date of Award:	09/13/2007
Award Amount:	\$0.00	Comp. Code:	
No. Awd Weeks:	0	Award Amount/Week:	\$0.00
Attorney Fees:	\$331.00	Medical Fees:	\$0.00
TT Penalty %:	0	TT Penalty Amount:	\$0.00
Part. Adl. Dep:	0	Adult Depend:	0
Part. Cld. Dep:	0	Child Depend:	0
Stipulation:			

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